



## **Your Information. Your Rights. Our Responsibilities.**

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY**

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Our Uses and Disclosures**

I may use and share your information as I:

- Treat you
- Run my business
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: We may send evaluations, progress reports and discharge summaries to your primary medical care provider.*

#### **Run our business**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your doctor and health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to treatments
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **Cancellation Policy**

Except for emergencies, all appointments must be cancelled at least 24 hours in advance by calling or emailing the therapist. We consider the following to be examples of NON EMERGENCY reasons to cancel an appointment: vacations, pre scheduled doctor appointments, family events, parties, recreational events, after school activities, lack of baby sitter, holiday weekend, school holiday, day before or after a holiday, and schedule conflict (this includes being more than 10 minutes late).

All appointments that are not cancelled at least 24 hours in advance of the scheduled appointment will be charged a late cancellation fee of \$45. This fee is not covered by insurance or other third party payer and must be paid in full no later than your next appointment. Patient will not be seen if late cancellation fee has not been paid.

In case of emergency (sudden illness, death in family, hospitalization, emergency doctor visit), appointment must be cancelled as early as possible prior to appointment time. There is no charge for an emergency-related cancellation.

All non-emergency appointments that are missed without notification will be charged \$75 for the missed appointment. This fee is not covered by insurance or other third party payer and must be paid in full no later than your next appointment. Patient will not be seen if late cancellation fee has not been paid.

Because Peak Speech therapy travels to you, we will do our best to get to you for our planned time, despite the weather. However, if the therapist determines that weather conditions are too dangerous, they will contact you at least 4 hours prior to cancellation.

## **Payment Policy**

### **Medicare Part B:**

If you have Medicare part B, I will submit your claim to Medicare and assist you in any way I reasonably can to help get your claim paid. I will also assist you in determining if your supplementary insurance will take over if Medicare denies the claim.

Effective Date: 1-1-2017

### **Out of Network/Private Pay:**

Peak Speech Therapy is not in network with any insurance carriers other than Medicare. Peak Speech Therapy will contact your insurance company prior to initiating therapy to ensure they cover speech therapy services. Each plan has its own stipulations regarding the coverage of, and payment for services; therefore, it is your responsibility to know your plan's benefit policies including co-payments, prior to your appointment.

Peak Speech Therapy will provide you with documentation for you to submit to your insurance carrier for reimbursement.

If your insurance policy determines/denies your treatment as NOT MEDICALLY NECESSARY, you are responsible for payment in full. Peak Speech Therapy is not liable.

Payment in full is required at the time of service. Cash or Check is accepted.

Co-pay is due at the time of service.

### **Pricing:**

Evaluations cost **\$275.00**. Evaluations may last from 1-2 hours. This also includes an evaluation summary and plan of care sent to your physician.

Treatment sessions cost **\$95 for 45 minutes**

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE ABOVE POLICIES AND UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS

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Please print name of patient Date

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Signature of patient/responsible person    Relationship to patient    Date